

CANADA ) IN THE MATTER OF  
 ) PERMISSION FOR MINOR  
 PROVINCE OF ) TO TRAVEL OUT OF CANADA  
 BRITISH COLUMBIA )

I, \_\_\_\_\_, of \_\_\_\_\_, in the  
 Province of British Columbia, Canada, phone number: \_\_\_\_\_.

AND

I, \_\_\_\_\_, of \_\_\_\_\_, in the  
 Province of British Columbia, Canada, phone number \_\_\_\_\_.

**DO SOLEMNLY DECLARE:**

1. THAT we are the legal parents of the minor child/children:

\_\_\_\_\_, born the \_\_\_ day of \_\_\_\_\_, 20\_\_\_,  
 \_\_\_\_\_, born the \_\_\_ day of \_\_\_\_\_, 20\_\_\_,  
 \_\_\_\_\_, born the \_\_\_ day of \_\_\_\_\_, 20\_\_\_,

2. THAT we hereby consent to our minor child/children travelling from Canada

to \_\_\_\_\_, unaccompanied by an adult, OR  
 accompanied by \_\_\_\_\_ who has  
 our permission to authorize and sign for emergency medical treatment for our above  
 named child/children, if it is required.

3. THAT they are leaving Canada on or about \_\_\_\_\_, 20\_\_\_ and returning to  
 Canada on or about \_\_\_\_\_ 20\_\_\_.

4. THAT we swear this Affidavit to the Governments of Canada and \_\_\_\_\_  
 to induce them to allow my child/children to enter into their respective countries.

5. THAT we make this declaration, conscientiously believing it to be true and knowing that  
 it is of the same force and effect as if made under oath.

DECLARED before me at the City of \_\_\_\_\_ )  
 Vernon, in the Province of British Columbia )  
 this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_ )

\_\_\_\_\_  
 (Parent signature)

\_\_\_\_\_) )  
 CHARLENE L. SILVESTER )

\_\_\_\_\_  
 (Parent signature)

A Notary Public in and for the  
 Province of British Columbia  
 3003 – 30<sup>th</sup> Avenue,  
 Vernon, British Columbia V1T 2C1  
**Permanent Commission**